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The patient is P. J., 69; post office, Brandt, S. Dak.; consulted Dr. E. M. Lundholm, 436 Sibley Street, St. Paul, Minn., December 6. Dr. Lundholm has reported the case as follows:

"According to your desire to have all cases of tuberculosis reported, I hereby inclose the report of a case outside of Minnesota. I am sorry that I also, in this case, can give no more particulars than post office and State, but the patient left before I had been able to demonstrate tuberculosis in his sputum and before that I was not positive he had tuberculosis."

Probably you will not be able to trace this case unless the man consults some local physician, but it is evident that he has tuberculosis, as Dr. Lundholm has demonstrated the bacilli in a specimen of his sputum.

Respectfully,

A. J. CHESLEY, *Director.*

MINNESOTA STATE BOARD OF HEALTH,  
DIVISION OF EPIDEMIOLOGY,  
*Minneapolis, Minn., December 17, 1913.*

Dr. C. J. MCGURREN,  
*Superintendent of Health, Devils Lake, N. Dak.*

DEAR DOCTOR: By direction of the executive officer I respectfully refer to you the following case of typhoid fever, treated in Minnesota, but apparently infected in territory over which you have sanitary jurisdiction:

M. T. (m), 28; first symptoms October 10.

Reported by Dr. Hans Johnson, health officer, Kerkhoven, Swift County, Minn.; treated by him in Kerkhoven, but for the three weeks before the earliest symptoms appeared, at Larimore, N. Dak., working as a common laborer. The patient is now in Iowa. No secondaries have arisen in the family at Kerkhoven where he was while sick. The doctor's view of the source of infection is: "Probably water supply at Larimore."

Respectfully,

A. J. CHESLEY, *Director.*

## LEPROSY.

### TREATMENT OF TWO CASES WITH APPARENT CURE.

By VICTOR G. HEISER, Surgeon, United States Public Health Service, Chief Quarantine Officer and Director of Health for the Philippine Islands.

Two lepers in addition to those previously reported<sup>1</sup> as successfully treated with hypodermic injections of chaulmoogra oil and resorcin have been discharged from San Lazaro Hospital, Manila, after having been free from leprosy for a period of two years. The principal interest in these cases is in the fact that, unlike the two preceding cases, which were reported as having been released as apparently cured, the cases here reported received no vaccine treatment. They were also very mild cases. The history is briefly as follows:

F. A., female, aged 11, a native of Zamboanga, Moro Province, was admitted to the San Lazaro Hospital January 5, 1911. She had large leprous macules over the outer surfaces of both legs, extending from the malleolus almost to the knee, and similar large leprous macules upon the forearm. The diagnosis was microscopically confirmed. The

<sup>1</sup> Public Health Reports, Vol. XXVIII, No. 36, Sept. 5, 1913, p. 1855.

use of chaulmoogra oil by mouth was begun January 7, 1911, in 10 drop doses three times a day, with one-sixtieth of a grain of strychnine. By February 15 the nausea became so great that the patient refused to take any more of the oil by mouth. Hypodermic injections with the formula composed of chaulmoogra oil, resorcin, and camphorated olive oil was started on February 15, 1911, in 1 cubic centimeter doses. The injections were repeated at weekly intervals and gradually increased in quantity until they reached 12 cubic centimeters per dose by April 20. The dose was then gradually reduced in the same period as it was increased until 1 cubic centimeter was reached and then gradually increased again to the maximum dose. On October 15, 1911, the patient was microscopically negative for leprosy. From that date until January 7, 1913, the patient absolutely refused to take any form of treatment. Microscopical examinations made from time to time during this period resulted negatively. From January 7, 1913, until October 30 ascending and descending doses of the chaulmoogra oil mixture were administered as before. A few months after the original hypodermic injection of the oil was begun the leprous macules began to ulcerate. These ulcers gradually healed and by October, 1911, were entirely scarred over. A final microscopical examination was made October 30, 1913, and no leprosy bacilli could be found nor was there any clinical evidence of the disease. The only signs observable were the scars where the leprous lesions had previously existed. The patient was discharged October 30, on probation, as being apparently cured.

The other case is that of C. A., Filipino, aged 40, who was admitted to the San Lazaro Leper Hospital on May 4, 1911, with the diagnosis of leprosy, which was microscopically confirmed. He had a large, dark, pigmented leprous macule, approximately 5 by 10 centimeters in outline, on the outer side of the leg above the malleolus. He had a similar lesion, but somewhat smaller, which involved the area above the left ear and some infiltration of the lobe of the left ear. Upon admission to the hospital the chaulmoogra oil mixture was injected into the buttocks at weekly intervals, with an initial dose of 1 centimeter, which was gradually increased to 5 centimeters. When efforts were made to give him larger doses he suffered from severe palpitation of the heart and a precordial distress. The leprous macules began to improve a few weeks after the treatment was started and had entirely disappeared by August 25, upon which date the leprosy bacillus could no longer be found. After August 25 he refused further treatment. He was then placed under observation in nonleprous quarters. Microscopic examinations were made from time to time, all of which resulted negatively. He was microscopically examined on November 4, 1913, with negative results, and has been discharged from San Lazaro Hospital on probation, the same as other cases.